



C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

# IDAHO DEPARTMENT OF HEALTH & WELFARE

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October 31, 2008

Administrator, Laura Sandidge, PhD  
Advocates for Inclusion  
958 Corporate Lane  
Nampa, ID 83651

Dear Laura,

Thank you for submitting the Plan of Correction for Advocates for Inclusion. Survey and Certification has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, we have issued Advocates for Inclusion a full two (2) year certificate effective from November 1, 2008 through October 31, 2010.

According to IDAPA 16.04.11.203.01, this certificate is contingent upon the correction of deficiencies. Your agency will be required to submit documentation to substantiate that your Plan of Correction has been met. Documentation must be submitted within 7 days of the date of completion listed on your agency's plan of correction. All supporting documentation must be submitted no later than 3/7/2009. You may submit supporting documentation as follows:

Fax to: 208-364-1811  
Email to: [fadnessr@dhw.idaho.gov](mailto:fadnessr@dhw.idaho.gov)  
Mail to: Po Box 83720  
Boise Idaho 83720

Or deliver to: 3232 Elder Street, Boise

You can reach me if you have any questions at 208-364-1906.

Thank you for your patience and accommodating us through the survey process.

Rebecca Fadness  
Program Supervisor  
DD Survey and Certification

# Statement of Deficiencies

Developmental Disabilities Agency

Advocates for Inclusion, Inc.

3ADVOINC082

958 Corporate Ln

Nampa, ID 83657-

(208) 467-7524

Survey Type: Recertification

Entrance Date: 8/18/2008

Exit Date: 8/22/2008

**Initial Comments:** SURVEY TEAM MEMBERS: Survey and Certification Team Members: Rebecca Fadness, Program Supervisor; Cyndi Jonsson, Clinician; Greg Miles, Medical Program Specialist Region III and IV Survey Team Members: Mike Breuer, Regional Program Specialist; Ebony Jorgenson, Clinician; Veronica Martinez, Clinician; Noralee Fitch, Social Worker

## Therapy Observation Notes:

Participant A was observed at the YMCA. The staff with him seemed to know the participant quite well and both seemed to share a 'good' relationship. The participant stated that he liked all of his programs and his schedule (which included volunteer work at the local Harley Davidson shop). Staff and participant walked around the track at the YMCA. It was unclear as to how that activity related to the participant's developmental needs. Staff and participant were asked about various programs and they both were quite knowledgeable on the various objectives. It was noted that objectives lacked specific, directed community settings for each to be run at.

Therapists seemed to have a positive rapport with the children. The children seemed engaged, interested and comfortable. Therapists were consistent in providing positive verbal reinforcement, and they also seem to aware of the child's needs and responded appropriately to accommodate such needs. During therapy, the children seemed to be successful on the task presented. The setting where therapy was conducted was conducive and it seemed to facilitate compliance and participation from the children during the session. Therapists referred back to their books and gathered data during breaks and transitions.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.405.01	Qualified Professional	
405. STANDARDS FOR PARAPROFESSIONALS PROVIDING DEVELOPMENTAL THERAPY AND IBI. When a paraprofessional provides either developmental therapy or IBI, the agency must assure adequate supervision by a qualified	Also Relevant to 16.04.11. 708. 01. Comprehensive Assessment and Plan Requirements. Prior to the delivery of a service, a comprehensive assessment must be completed by a professional qualified to deliver the service and it must document the	Advocates for Inclusion (AFI) has corrected the problem of an unqualified staff member conducting assessments. The individual in question has been removed from the Developmental Specialist position and the cases reassigned to State certified Children's Developmental Specialists since September 12, 2008.

<p>professional during its service hours. All paraprofessionals must meet the training requirements under Section 415 of these rules and must meet the qualifications under Section 420 of these rules. A paraprofessional providing IBI must be supervised by an IBI professional; a paraprofessional providing developmental therapy must be supervised by a Developmental Specialist. Paraprofessionals providing developmental therapy to children birth to three (3) must work under the supervision of a Developmental Specialist fully qualified to provide services to participants in this age group. For paraprofessionals to provide developmental therapy or IBI in a DDA, the agency must adhere to the following standards: (7-1-06)</p> <p>01. Limits to Paraprofessional Activities. The agency must assure that paraprofessionals do not conduct participant assessments, establish a plan of service, develop a Program Implementation Plan, or conduct collateral contact or IBI consultation. These activities must be conducted by a professional qualified to provide the service. (7-1-06)</p>	<p>participant's need for the service. All services must be included on the participant's plan of service. Program Implementation Plans must be developed for each objective listed on the plan of service. (7-1-06)</p> <p>FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents lacked evidence as follows:</p> <ul style="list-style-type: none"> <li>• One unqualified staff has conducted assessments. All those assessments must be re-conducted by a qualified professional.</li> <li>• Developmental assessments for participant #16, 18 and 20 were not completed by a qualified professional.</li> </ul>	<p>All the assessments that were completed by the unqualified staff member, including participant's number 16, 18, and 20 will be redone by the State certified Developmental Specialists that have been reassigned to the specific cases. The Developmental Program Manager will oversee this process and ensure that these assessments will be completed and in the file by November 15, 2008; the Administrator ultimately oversees all departments within AFI. To prevent this issue from occurring again, internal policies for hiring individuals for the position of Developmental Specialist have been changed and in effect since September 25, 2008. The AFI Employee Handbook now states the following: "Noncertified professionals hired for a DS position are required to complete the DS course within the first fifteen (15) days of their employment. The DS exam must be passed within the first 45 calendar days of employment. Failure to meet these conditions may result in a change of position with a reduction in compensation or termination of employment."</p> <p>It goes on to state: "Until a trainee is certified, they will be performing a Developmental Technician position and will be subject to the policies pertaining to that position."</p>
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**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.520.04	Setting for Service Delivery	
<p>520. SETTING REQUIREMENTS FOR AGENCIES DELIVERING COMMUNITY-BASED SERVICES. The requirements in Section 520 of these rules apply when a DDA is providing community-based services. (7-1-06)</p> <p>04. Image Enhancement. The community-based services must enhance each participant's social</p>	<p>Also relevant to 16.04.11. 703. 05. Service Environments. Identification of the type of environment(s) where services will be provided. (7-1-06)</p> <p>FINDINGS: Based upon record review and interview with Administrator, the agency is not in</p>	<p>Advocates for Inclusion will ensure an official training will be done for all Developmental Specialist Case Managers and Therapy Tech Trainers (also State certified Developmental Specialists) in how to write more specific plans and activity schedules in regards to service environments as it pertains to the rule 16.04.11.703.05: Service Environments Identification of the type of environment(s) where services will be provided. This training will be done by the</p>

image, personal competencies, and promote inclusion in the community. (7-1-06)

compliance. Agency documents lacked evidence as follows:

- Requirements were not met for identifying community environments (PIP's simply stated "community vs. a specific place in the community such as 7-11, McDonald's, Municipal park etc...).
- Activity schedules showed listed areas as:  
Participant # 1—"Fly glider in the park, Fishing—  
Participant # 2—"swimming pass"—Participant # 3—"sports w/T @ Lions, swimming pass"—  
Participant # 4—"field trip, swimming pass, stay at the AFI center for lunch, games, fine motor activities, etc... It was difficult to identify what services would be provided in the listed environments.
- Participant A was observed at the YMCA walking around a track. There appeared to be no observable developmental therapy that could be delivered corresponding to his PIP (and there was no record found of a physical therapy assessment/recommendation for the activity).

Developmental Therapy Program Manager no later than October 31, 2008. Documentation of this training will be in the personnel files.  
Additionally, three different quality assurance practices have been updated and put into effect as of September 20, 2008. These forms are available.

1. The "Contact Narrative-DS Tech Trainer to Paraprofessional" form has been updated to ensure that environment for learning, including specific location, is trained on, and documented, monthly. This form is completed for every paraprofessional monthly and filed in their personnel file. It ensures that the DS Tech Trainer discusses all the necessary points to ensure quality of service delivery for paraprofessionals.
2. Advocates for Inclusion DDA Quality Assurance Policy has been updated and put into effect. A copy of this policy was provided to the auditors, it is available again upon request. The Administrator ensures that all QAs are completed appropriately.

CONTINUED ON ADDENDUM

**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.600.01.a	Assessments	
600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06) 01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06) a. Determine the necessity of the service; (7-1-06)	Also Relevant to: 16.04.11. 705. RECORD REQUIREMENTS. F. When assessments are completed or obtained by the agency, the participant's record must include assessment results, test scores when applicable, and narrative reports, signed with credentials and dated by the respective evaluators. (7-1-06)  FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents lacked evidence as follows:  • The agency's Comprehensive Developmental Assessments utilized the results of the SIB-R Report which focuses on the deficits or the	Advocates for Inclusion will ensure an official training will be done for all Developmental Specialist and IBI Case Managers on how to write more effective Comprehensive Assessments. This training will be done by the appropriate Program Manager no later than October 6, 2008. Documentation of this training will be in the personnel files. As of September 25, 2008, Advocates for Inclusion has updated the Comprehensive Assessment template in order to assist our Case Managers to include all the required elements when developing a Comprehensive Assessment that adequately guides treatment. Program Managers randomly review Comprehensive Assessments to ensure that case managers are completing them as appropriate. Additionally, all files are QA'd at the initial plan within 90 days, and minimally annually thereafter. 100% of AFI's Comprehensive Assessments developed on or after

	<p>individual and did not include strengths and interests for Developmental Therapy skill acquisition.</p> <ul style="list-style-type: none"><li>• The agency's Comprehensive Developmental Assessment did not include narratives for each of the 7 areas of Developmental Therapy, and did not clearly establish a relevant need for the program. Narratives did not clearly articulate barriers for the person in terms of independence in the community or their home to show evidence of the need. Narratives did not focus on the individual within the context of their living situation, age, supports, etc. to establish a relevant need for or functionality of the therapeutic interventions.</li><li>• Programs were not guided by a rule-compliant Comprehensive Developmental Assessment which resulted in programs for which there is was no assessed need (all programs should relate back to a current and relevant need as identified in the assessment).</li><li>• Participant D's file did not contain any Comprehensive Developmental Assessment</li></ul>	October 1, 2008, will be in the new format. A copy of this format is being attached to this Plan of Correction. Participant D is no longer receiving services from Advocates for Inclusion due to his severe medical issues. He is currently living in a nursing home and his file has been closed.	
<b>Scope and Severity:</b> Widespread / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b>	<b>Administrator Initials:</b>
<b>Rule Reference/Text</b>	<b>Category/Findings</b>	<b>Plan of Correction (POC)</b>	
16.04.11.600.01.c	Assessments	Advocates for Inclusion will comply with IDAPA code as it states in 16.04.11.600.01c Comprehensive Developmental Assessment, A comprehensive developmental assessment must guide treatment; additionally, it is understood that physical therapy assessments must be conducted by a physical therapist qualified under Section 420 of 16.04.11 rules and include gross and fine motor abilities, and recommendation of therapy necessary to address the participant's needs.	
600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06) 01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06) c. Guide treatment; (7-1-06)	<p>Also relevant to 16.04.11.604.04. Physical Therapy Assessment. Physical therapy assessments must be conducted by a physical therapist qualified under Section 420 of these rules and include gross and fine motor abilities, and recommendation of therapy necessary to address the participant's needs. (7-1-06)</p> <p>FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents lacked evidence as follows:</p> <ul style="list-style-type: none"><li>• 1 of 4 adult participant files (participant D) had gross and fine motor programming without an</li></ul>	<p>The format for the Comprehensive Developmental Assessment has been updated to reflect this rule requirement. All Comprehensive Developmental Assessments completed after the date of October 8, 2008, will reflect these changes.</p>	

	assessment by a qualified professional to recommend the types of therapy necessary to address his needs (objectives 7A and 8A).	CONTINUED ON POC ADDENDUM
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<b>Scope and Severity:</b> Isolated / No Actual Harm - Potential for Minimal Harm	<b>Date to be Corrected:</b>	<b>Administrator Initials:</b>
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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.600.01.e 600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06) 01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06) e. For medical or psychiatric assessments, formulate a diagnosis. For psychological assessments, formulate a diagnosis and recommend the type of therapy necessary to address the participant's needs. For other types of assessments, recommend the type and amount of therapy necessary to address the participant's needs. (7-1-06)	Assessments Also relevant to 16.04.11.701.01.a  FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents lacked evidence as follows:  • Participants 9, 12 no Psychological evaluation on file for participant. Psychological evaluation did not formulate a diagnosis. In addition, participants 14, 15, 16, 17, 18, 19, 20 and 21 the medical/social evaluations did not recommend the amount of therapy necessary to address the participants' needs.	Advocates for Inclusion will fully comply with IDAPA code as it states in 16.04.11.600.01.e Comprehensive Assessments, A comprehensive assessment must: ... e. For medical or psychiatric assessments, formulate a diagnosis. For psychological assessments, formulate a diagnosis and recommend the type of therapy necessary to address the participant's needs. For other types of assessments, recommend the type and amount of therapy necessary to address the participant's needs.  The format for the Comprehensive Developmental Assessment has been updated to reflect this rule requirement. All Comprehensive Developmental Assessments completed after the date of October 8, 2008, will reflect these changes. CONTINUED ON POC ADDENDUM

<b>Scope and Severity:</b> Widespread / No Actual Harm - Potential for Minimal Harm	<b>Date to be Corrected:</b>	<b>Administrator Initials:</b>
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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.600.03 600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06) 03. Date, Signature, and Credential Requirements. Assessments must be signed and dated by the professional completing the assessment and include the appropriate professional credential or qualification of that person. (7-1-06)	Assessments FINDINGS: Based upon record review and interview with Administration, the agency is not in compliance. Agency documents lacked evidence as follows:  For participants # 14, 15, 16, 17, 18, 19, 20, and 21 the Medical/social assessment did not include a dated signature.	Advocates for Inclusion will fully comply with IDAPA code as it states in 16.04.11.600.03 Comprehensive Assessments. A comprehensive assessment must: ... 03. Date, Signature, and Credential Requirements. Assessments must be signed and dated by the professional completing the assessment and include the appropriate professional credential or qualification of that person.  The format for the Comprehensive Developmental Assessment has been updated to reflect this rule requirement. All Comprehensive Developmental Assessments completed after the date of October 8, 2008, will reflect these changes.

		CONTINUED ON POC ADDENDUM
<b>Scope and Severity:</b> Widespread / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b> <b>Administrator Initials:</b>
<b>Rule Reference/Text</b>	<b>Category/Findings</b>	<b>Plan of Correction (POC)</b>
16.04.11.601.01	Assessments	Advocates for Inclusion will fully comply with IDAPA code as it states in 16.04.11.601.03 Comprehensive Assessments. A comprehensive assessment must: ... 01. Completion of Assessments. Assessments must be completed or obtained prior to the delivery of therapy in each type of service.
601. GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS. 01. Completion of Assessments. Assessments must be completed or obtained prior to the delivery of therapy in each type of service. (7-1-06)	FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents lacked evidence as follows:  • Review of participant # 10 indicated that CIA was completed 3/3/08 with IPP start date 2/25/08.	CONTINUED ON POC ADDENDUM
<b>Scope and Severity:</b> Isolated / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b> <b>Administrator Initials:</b>
<b>Rule Reference/Text</b>	<b>Category/Findings</b>	<b>Plan of Correction (POC)</b>
16.04.11.601.03.a	Assessments	Advocates for Inclusion will ensure an official training will be done for all Developmental Specialist and IBI Case Managers on how to write more effective Comprehensive Assessments and to link them with the goals and objectives on the plan, particularly in regards to the results of the Psychological or Psychiatric Assessment. When a participant has had a psychological or psychiatric assessment, the results of the psychological or psychiatric assessment must be used when developing objectives to assure therapies provided in the DDA accommodate the participant's mental health needs and to assure that none of the therapeutic methods are contra-indicated or delivered in a manner that presents a risk to the participant's mental health status. This training will be done by the appropriate Program Manager no later than October 6, 2008. Documentation of this training will be in the personnel files.
601. GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS. 03. Psychological Assessment. A current psychological assessment must be completed or obtained: (7-1-06) a. When the participant is receiving a behavior modifying drug(s); (7-1-06)	Also applicable to 16.04.11. 703.07. Results of the Psychological or Psychiatric Assessment. When a participant has had a psychological or psychiatric assessment, the results of the psychological or psychiatric assessment must be used when developing objectives to assure therapies provided in the DDA accommodate the participant's mental health needs and to assure that none of the therapeutic methods are contra-indicated or delivered in a manner that presents a risk to the participant's mental health status. (7-1-06)  FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents lacked evidence as follows:  • There was not a psychological evaluation in the file of participant D who is receiving a behavior modifying drug.  ***This is a repeat deficiency from compliance	As of September 25, 2008, Advocates for Inclusion has updated the Comprehensive Assessment template in order to assist our Case Managers to include all the required elements when developing a Comprehensive Assessment that adequately guides treatment.

	review in 2004 and 2005. Immediate corrective action is required.	CONTINUED ON POC ADDENDUM
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<b>Scope and Severity:</b> Pattern / No Actual Harm - Potential for More Than Minimal Harm	<b>Date to be Corrected:</b>	<b>Administrator Initials:</b>
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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.01.a	Eligibility	Advocates for Inclusion will fully adhere to IDAPA Code in Eligibility Determination in accordance with Section 66-402, Idaho Code. As a matter of procedural practice AFI currently obtains a Healthy Connection Referral with a diagnosis clarified as per doctor's report on the Healthy Connection Referral form. At our initial plan development a medical or psychological report always substantiates the diagnosis. Annually, AFI requests an updated Medical Assessment at the same time we request the Healthy Connection Referral. The QA file review, done at the initial, 6 month, and 12 month, has been changed to indicate a current medical status review with the diagnosis on that as well. This will help to ensure that all files comply with rule as appropriate. This will be overseen by the appropriate Program Manager, supported by the QA Specialist, and ultimately by the Administrator. All files will be QA prior to 12/15/08 to ensure that AFI is fully compliant with this rule and corrections made if deemed necessary.
701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) 01. Eligibility Determination. Prior to the delivery of any DDA services, the DDA must determine and document the participant's eligibility in accordance with Section 66-402, Idaho Code. For eligibility determination, the following assessments must be obtained or completed by the DDA: (7-1-06) a. Medical Assessment. This must contain medical information that accurately reflects the current status of the person and establishes categorical eligibility in accordance with Section 66-402(5)(a), Idaho Code; or (7-1-06)	Also relevant to: b. Psychological Assessment. If the medical assessment does not establish categorical eligibility, the DDA must obtain or conduct a psychological assessment that accurately reflects the current status of the person and establishes categorical eligibility in accordance with Section 66-402(5)(a), Idaho Code.  FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents lacked evidence as follows:  • No medical assessment was found in the file for Participant #6. Participant # 4's medical assessment was dated 8/15/05. Date of birth was 7/26/04. Hence the child's medical documentation was for a one year old child, who is currently 4 years old. This document does not reflect the current status of the child.	In the case of Participant 6 and Participant 4 a current medical assessment will be obtained by November 15, 2008. This will be completed by the QA Specialist and overseen by the appropriate Program Manager as ensured by the Administrator.

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.01.c	Eligibility	Advocates for Inclusion will fully adhere to IDAPA Code in Eligibility Determination in accordance with Section 66-402,
701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES	FINDINGS: Based upon record review and interview with Administrator, the agency is not in	



<p>THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06)</p> <p>01. Eligibility Determination. Prior to the delivery of any DDA services, the DDA must determine and document the participant's eligibility in accordance with Section 66-402, Idaho Code. For eligibility determination, the following assessments must be obtained or completed by the DDA: (7-1-06)</p> <p>c. Standardized Comprehensive Developmental Assessment. This must contain developmental information regarding functional limitations that accurately reflects the current status of the person and establishes functional eligibility based on substantial limitations in accordance with Section 66-402(5)(b), Idaho Code. (7-1-06)</p>	<p>compliance. Agency documents lacked evidence as follows:</p> <ul style="list-style-type: none"> <li>• Participant #1's file indicated an IPP dated 7/26/07. The Medical/Social was dated 5/19/08.</li> <li>• SIB-R assessment needs to be completed every year to establish functional eligibility. For participant #15 SIB-R expired on 01/25/07, for #16 expired on 10/23/06 for #18 expired on 09/01/06, and for #20 expired on 08/14/06.</li> </ul>	<p>Idaho Code. As a matter of procedural practice AFI currently completes a standardized skill assessment at the initial, prior to delivery of services and triennially, the Comprehensive Assessment was, and is, completed annually. This was previously accepted practice. During this audit it was made clear to AFI that the standardized skill assessment must be completed annually. Therefore, as of September 1, 2008, AFI has changed our practice and now provides standardized skill assessments annually. The QA process has been updated to reflect this change and to ensure consistency for all individuals. This will be overseen by the appropriate Program Manager, supported by the QA Specialist, and ultimately ensured by the Administrator. In the case of Participants 15, 16, 18, and 20 a current standardized skill assessment will be obtained by November 15, 2008. This will be completed by the Intake department, overseen by the appropriate Program Manager and ensured by the Administrator. All files will be QA prior to 12/15/08 to ensure that AFI is fully compliant with this rule and corrections made if deemed necessary. If changes are indicated they will be made as follows: for individuals that were in the sample, within 90 days; for all others, within 180 days, with the understanding that all necessary changes will be made by 2/28/09.</p> <p>CONTINUED ON POC ADDENDUM</p>
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<b>Scope and Severity:</b> Pattern / No Actual Harm - Potential for Minimal Harm	<b>Date to be Corrected:</b>	<b>Administrator Initials:</b>
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<b>Rule Reference/Text</b>	<b>Category/Findings</b>	<b>Plan of Correction (POC)</b>
<p>16.04.11.701.04</p> <p>701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06)</p>	<p>Individual Program Plan</p> <p>FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents lacked evidence as follows:</p> <ul style="list-style-type: none"> <li>• IPP's for all children did not indicate the frequency of therap,nor duration of services. The target date mentioned in IPP is not sufficient to meet this requirement.</li> </ul>	<p>As a commitment to provide quality services that also incorporate best practices the Administrator and the administrative team, as of October 1, 2008, have thoroughly updated, and aligned with both IDAPA Code and all findings from the 2008 Audit Team, the following forms: AFI's Comprehensive Assessment Template, AFI's Individual Program Plan, AFI's Individual Implementation Plan, AFI's Program Plan Addendum, AFI's CSR Template, and the necessary QA forms to ensure that the appropriate forms are updated in the current files. A training has been developed and will be provided to all Case Managers prior to</p>

04. Individual Program Plan (IPP) Definitions. The delivery of each service on a plan of service must be defined in terms of the type, amount, frequency, and duration of the service. (7-1-06)

October 15, 2008. This will be documented in the personnel files. The training will include updated training on writing effective goals and objectives, including imputing baseline information, and how to document duration of services within the objective writing, and how to implement and document the level of prompts provided to our participants in order to ensure appropriate and accurate data collection. CONTINUED ON POC ADDENDUM

**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.b	Eligibility	Advocates for Inclusion makes a commitment to provide quality services and to adhere to IDAPA Code. In the case of Participant 2 in regards to the category finding for 16.04.11.701.05.b the file will be reviewed with the participant's parent. His school based psychological assessment indicates an Asperger diagnosis as does his medical information from Mountain State Medical, with his last documented contact/visit with that doctor being May 6, 2008. Additionally, an updated Medical and/or psychological assessment will be requested by November 15, 2008, to ensure appropriate eligibility criteria for DDA services is verified and documented thoroughly. This will be completed by the Case Manager, overseen by the appropriate Program Manager and ensured by the QA department and the Administrator.
701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) 05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06) b. The planning process must include the participant and his parent or legal guardian, if applicable, and others the participant or his parent or legal guardian chooses. The participant's parent or legal guardian must sign the IPP indicating their participation in its development. The parent or legal guardian must be provided a copy of the completed IPP. If the participant and his parent or legal guardian are unable to participate, the reason must be documented in the participant's record. A physician or other practitioner of the healing arts	<p><b>FINDINGS:</b> Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents lacked evidence as follows:</p> <ul style="list-style-type: none"> <li>• Participant #2 had varying medical assessment. However, the most recent, comprehensive assessment on file was conducted by Dr. Goia, psychologist, dated 1/10/07. His assessment indicated that the diagnosis of Asperger's was unlikely. Therefore, child did not meet eligibility criteria.</li> </ul>	<p>The QA process has clearly defined on our AFI QA forms that a current medical or psychological assessment that specifies the diagnosis be obtained and placed in the file annually. This is effective immediately, will be completed by the QA department and directly overseen by the appropriate Program Manager and Administrator. All files will undergo a QA prior to 12/15/08 to ensure that AFI is fully compliant with this rule. If changes are indicated they will be made as follows: for individuals that were in the sample, within 90 days; for all others, within 180 days, with the understanding that all necessary changes will be made by 2/28/09. This will be overseen by the appropriate Program Manager and</p>

and the parent or legal guardian must sign the IPP prior to initiation of any services identified within the plan, except as provided under Subsection 700.02.b.ii. of these rules. (7-1-06)

QA Specialist, and ultimately by the Administrator.

16.04.11.701.05.b

Individual Program Plan

701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) 05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06)

b. The planning process must include the participant and his parent or legal guardian, if applicable, and others the participant or his parent or legal guardian chooses. The participant's parent or legal guardian must sign the IPP indicating their participation in its development. The parent or legal guardian must be provided a copy of the completed IPP. If the participant and his parent or legal guardian are unable to participate, the reason must be documented in the participant's record. A physician or other practitioner of the healing arts and the parent or legal guardian must sign the

FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents lacked evidence as follows:

- Participant #2's IPP did not have parent signature. IPP is dated 7/29/08. Note in file indicated that the IPP had been sent to the family for signature on 8/13/08.
- For participants #14 and #18, the IPP was not signed by the parent prior to the initiation of services. IPP for participant #14 was signed 10/15/07, IPP on 09/14/07. IPP for participant #18 was signed 04/04/08, IPP on 10/12/07.

Advocates for Inclusion makes a commitment to provide quality services and to adhere to IDAPA Code. AFI will not accept noncompliance in regards to the application of 16.04.11.701.05.b. Services cannot begin prior to guardian and doctor signature. A training to remind Case Managers about the requirement and importance of this will be completed prior to the end of September 2008.

In the case of Participant 2 in regards to the category finding for 16.04.11.701.05.b the file will be reviewed with the participant's parent. The appropriate signatures will be obtained prior to the end of September, 2008. In the case of Participants #14 and # 18 a training to remind Case Managers about the requirement and importance for timely completions of plans will be completed prior to the end of September 2008.

To prevent this situation from occurring in the future, the revised and updated Program Plan template for AFI has the following directly above the signatures: "Services cannot begin prior to guardian and doctor signature." Our AFI QA forms now indicate the date requirements. Additionally, AFI has established an Internal Audit Policy that will be completed every February in an effort to ensure the highest quality of service delivery for our participants. This is effective immediately, completed by the Program Managers and the QA department and directly overseen by the Administrator.

IPP prior to initiation of any services identified within the plan, except as provided under Subsection 700.02.b.ii. of these rules. (7-1-06)

All files will be QA prior to 11/30/08 in regards to verifying that a parent signature is on the plan. If during this QA process any plan is discovered to not have a parent signature services will discontinue immediately. Under no circumstances will services be delivered to a participant without the appropriate signature indicating parent participation.

**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.e.iv	Program Implementation Plan	
701.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06)	FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents lacked evidence as follows:	Advocates for Inclusion makes a commitment to provide quality services and to adhere to IDAPA Code in all ways. We have made significant gains in documenting and addressing a discrepancy within therapy guidelines. AFI additionally has policies and procedures in place that flag inconsistent therapy attendance. In those situations documentation is provided to the families. AFI will provide training to Case Managers prior to 11/15/08 to ensure they are reminded that documentation must be in the file if there is a discrepancy in prescribed therapy and implementation of therapy for any reason. All files will be QA prior to 12/15/08 to ensure that AFI is fully compliant with this portion of rule. If changes are indicated they will be made as follows: for individuals that were in the sample, within 90 days; for all others, within 180 days, with the understanding that all necessary changes will be made by 2/28/09. This will be overseen by the appropriate Program Manager and QA Specialist, and ultimately by the Administrator.
05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06)	• Review of Participant 4's billing did not indicate that therapy was provided within 20% of the amount listed on IPP beyond the 4 week allowance. No documentation in file was found to justify the lapse.	In the case of Participant 4 in regards to the findings for 16.04.11.701.05.e.iv the file will be reviewed by the Case Manager with the participant's parent. The specific reason for the lack of services will be determined and documented on a narrative CSR prior to November 15, 2008. This will be completed by the Case Manager, overseen by the appropriate Program Manager and ensured by the QA department and the Administrator.
e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-06)		
iv. The type, amount, frequency and duration of therapy to be provided. For developmental therapy, the total hours of services provided cannot exceed the amount recommended on the plan. The amount and frequency of the type of therapy must not deviate from the IPP more than		Additionally, AFI has established an Internal Audit Policy that

twenty percent (20%) over a period of a four (4) weeks, unless there is documentation of a participant-based reason; (7-1-06)

will completed every February in an effort to ensure the highest quality of service delivery for our participants. This is effective immediately, completed by the Program Managers and the QA department and directly overseen by the Administrator.

**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.e.vii	Individual Program Plan	
<p>REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM.</p> <p>Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06)</p> <p>05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06)</p> <p>e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-06)</p> <p>vi. An accurate, current, and relevant list of the participant's specific developmental and behavioral strengths and needs. The list will identify which needs are priority based on the participant's choices and preferences. An IPP objective must be developed for each priority need; (7-1-06)</p>	<p>FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents lacked evidence as follows:</p> <ul style="list-style-type: none"> <li>• IPP's identified a set of possible chosen objectives that were referenced to a curriculum outside of the IPP (i.e. HELP curriculum). This wording is considered referring the IPP to an objective, but is not an identified objective in itself.</li> </ul>	<p>As a commitment to provide quality services that also incorporate best practices the Administrator and the administrative team, as of October 1, 2008, have thoroughly updated, and aligned with both IDAPA Code and all category findings from the 2008 Audit Team, the following forms: AFI's Comprehensive Assessment Template, AFI's Individual Program Plan, AFI's Individual Implementation Plan, AFI's Program Plan Addendum, AFI's CSR Template, and the necessary QA forms to ensure that the appropriate forms are updated in the current files. A training has been developed and will be provided to all Case Managers prior to October 15, 2008. This will be documented in the personnel files. The training will include updated training on writing effective goals and objectives, including how to document a specific use of a curriculum within the objective writing. As of October 1, 2008 all forms are required to be used effective immediately.</p> <p>All files will be QA'd prior to 12/15/08 to ensure that AFI is fully compliant with this section of rule if any plan is identified as referencing the HELP curriculum without using a clearly stated goal and/or objective the plan will be changed to meet the standard of acceptance for a goal and/or objective. If changes are indicated they will be made as follows: for individuals that were in the sample, within 90 days; for all others, within 180 days, with the understanding that all necessary changes will be made by 2/28/09. This will be overseen by the appropriate Program Manager and QA Specialist, and ultimately by the Administrator.</p>

<b>Scope and Severity:</b> Widespread / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b>
		<b>Administrator Initials:</b>
<b>Rule Reference/Text</b>	<b>Category/Findings</b>	<b>Plan of Correction (POC)</b>
16.04.11.701.05.e.xi	Individual Program Plan	
701.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) 05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06) e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-06) xi. A transition plan. The transition plan is designed to facilitate the participant's independence, personal goals, and interests. The transition plan must specify criteria for	FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents lacked evidence as follows:  • Transition Plan for Participant #3 and #6 was missing transition plan. Section in file labeled "transition plan" was empty.	After the 2006 Audit Advocates for Inclusion incorporated the Transition Plan into the Program Plan in order to present a more cohesive document for individuals and their families. This ultimately has provided better quality of programming and collaboration. In the case of Participant #3 and #6, the Transition Plan has been incorporated within the Program Plan. These were shown to auditors at the exit; they have now been faxed to Medicaid as well.  AFI has kept the empty tab in the DT file folder's but is no longer using this tab file section called "Transition Plan." It is acknowledged that this causes confusion when looking at the file. Therefore, this tabbed section will be removed for Participant #3; Participant # 6 has now closed for the fall. All AFI DT files will have the unused tab removed by November 15, 2008. This will be completed by the QA staff and overseen by the Administrator.

participant transition into less restrictive, more integrated settings. These settings may include integrated classrooms, community-based organizations and activities, vocational training, supported or independent employment, volunteer opportunities, or other less restrictive settings. The implementation of some components of the plan may necessitate decreased hours of service or discontinuation of services from a DDA. (7-1-06)

**Scope and Severity:** Pattern / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.703.02	Program Implementation Plan	Advocates for Inclusion makes a commitment to provide quality services and to adhere to IDAPA Code. In the case of the findings in regards to 16.04.11.703.02 incorporating baseline data in the implementation plans the following has been done. A training has been developed and will be provided to all Case Managers prior to October 15, 2008. The training will include updated training on writing effective goals and objectives, including imputing baseline information, and how to document duration of services within the objective writing, and how to implement and document the level of prompts provided to our participants in order to ensure appropriate and accurate data collection. This will be documented in the personnel files with a signature by the DS Case Manager indicating that they fully understand that baseline data must be incorporated into the plan. Additionally, the Implementation Plan template has been updated to say, "Baseline is to be established within two weeks. Make certain you come back to the implementation plan and insert the baseline WITHOUT EXCEPTION!!! A plan with baseline data reflected MUST be in the hard copy file no later than three weeks from the start date." Additionally, AFI has established an initial tracking
703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-06) 02. Baseline Statement. A baseline statement addressing the participant's skill level and abilities related to the specific skill to be learned.	FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents lacked evidence as follows:  • There were no baselines on many of the PIP's. Participant B and D stated that it would be collected the first 4 weeks of data. Participant C's IP started in March 08 and no baselines had been completed. Participant A was missing baseline data on several programs. Without baseline data, there was no way to determine the measurement of the objective or identify skills and abilities related to the objective. • Participant # 3,4, 8, 9,10, 11, 12, 20 and 18 had statements in IPP saying baseline was "to be determined in first four weeks of service". Dates of IPP for #3 6/9/08; #4 was 1/2/08; #10 2/25/08  ***This is a repeat deficiency from compliance	

(7-1-06)	review in 2004 and 2005. Immediate corrective action is required.	system by the Program Manager to verify that all plan related activities are completed in a timely matter.  CONTINUED ON POC ADDENDUM
<b>Scope and Severity:</b> Widespread / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b> <b>Administrator Initials:</b>

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.703.03  703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-06) 03. Objectives. Measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service. (7-1-06)	Program Implementation Plan  FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents lacked evidence as follows:  • Objectives were not measurable. Many state the use of an additional prompt (s) yet there are 4-6 additional prompts that could be used varying from "glance to full-physical". There was no way to control what was delivered without defining the prompt (too many variables effect performance given different cues). • Objectives were not behaviorally stated. Use of the word "appropriate" does not describe a skill in behavioral terms.  ***This is a repeat deficiency from compliance review in 2004 and 2005. Immediate corrective action is required.	Advocates for Inclusion makes a commitment to provide quality services and to adhere to IDAPA Code. In the case of the findings in regards to 16.04.11.703.03 writing objectives that are measurable the following has been done. A training has been developed and will be provided to all Case Managers prior to October 15, 2008. The training will include updated training on writing effective and measurable goals and objectives, including imputing baseline information, and how to document duration of services within the objective writing, and how to implement and document the level of prompts provided to our participants in order to ensure appropriate and accurate data collection. This will be documented in the personnel files with a signature by the DS Case Manager indicating that they fully understand the information provided and must be incorporated into the plan. Additionally, the Implementation Plan template has been updated to provide more clarity for the Case Managers. AFI has also established an initial tracking and quality control system by the Program Manager to verify that all plan related activities are completed in a timely manner and appropriately.  All files will have a QA prior to 12/15/08 to ensure that AFI is fully compliant with this section.  CONTINUED ON POC ADDENDUM

<b>Scope and Severity:</b> Widespread / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b> <b>Administrator Initials:</b>
Rule Reference/Text	Category/Findings	Plan of Correction (POC)



16.04.11.703.04	Program Implementation Plan	Advocates for Inclusion makes a commitment to provide quality services and to adhere to IDAPA Code. In the case of the findings in regards to 16.04.11.703.04 writing objectives that are measurable the following has been done. 1) A training has been developed and will be provided to all Case Managers prior to October 15, 2008. The training will include updated training on writing effective and measurable goals and objectives, including opportunities for frequency of data collection, how to write plans that technicians can implement appropriately, taking and imputing baseline information, and how to document duration of services within the objective writing, and how to implement and document the level of prompts provided to our participants in order to ensure appropriate and accurate data collection. This will be documented in the personnel files with a signature by the DS Case Manager indicating that they fully understand the information provided and must be incorporated into the plan. 2) The CSR has been updated to reflect data collection when using prompting levels, the CSR format has been implemented since October 8, 2008. All CSR's will be transitioned to this format by 11/30/08. 3) The Implementation Plan template has additionally been changed to provide more clarity for the Case Managers this is now in use for all plans written after October 8, 2008, this plan format takes out the prompting hierarchy and allows for case managers to individually design prompting and instruction.  CONTINUED ON POC ADDENDUM
703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-06) 04. Written Instructions to Staff. These instructions may include curriculum, interventions, task analyses, activity schedules, type and frequency of reinforcement and data collection including probe, directed at the achievement of each objective. These instructions must be individualized and revised as necessary to promote participant progress toward the stated objective. (7-1-06)	FINDINGS: Based upon record review and interview with Administration, the agency is not in compliance. Agency documents lacked evidence as follows: <ul style="list-style-type: none"><li>• The PIP's did not contain a frequency of data collection.</li><li>• Instructions to staff are not designed for skill acquisition (there was no step-by-step training methodology). Instructions do not indicate how to provide necessary interventions.</li><li>• PIP's included a prompt hierarchy that was not part of the treatment plan, and often contradictory towards other instructions included either in the IPP or in individual instructions to plan. This was found in all objectives, and therefore was also not considered individualized.</li><li>• Participants # 12 and # 13 Prompt hierarchy could not be followed as written.</li></ul> ***This is a repeat deficiency from compliance review in 2004 and 2005. Immediate corrective action is required.	

**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.704.01.b  704.PROGRAM DOCUMENTATION REQUIREMENTS. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in	Program Documentation (data/progress)  FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents lacked evidence as follows:	Advocates for Inclusion makes a commitment to provide quality services and to adhere to IDAPA Code. In the case of the findings in regards to 16.04.11.704.01.b writing objectives that are measurable the following has been done. 1) A training has been developed and will be provided to all Case Managers prior to October 15, 2008. The training will

<p>and response to the services provided. (7-1-06)</p> <p>01. General Requirements for Program Documentation. For each participant the following program documentation is required: (7-1-06)</p> <p>b. Sufficient progress data to accurately assess the participant's progress toward each objective; and (7-1-06)</p>	<ul style="list-style-type: none"> <li>• Data appeared to be averaged over a 6 month period on the provider status review which did not correspond to specific PIP(s) criteria status.</li> <li>• There was no way to measure actual performance given the way objectives are written with the variable prompt levels (703.03).</li> <li>• Data collection limited to success/over opportunities which do not describe response to the training nor accurately record actual skill achieved (703.03).</li> <li>• The directions to take data describe multiple components to define "success" in an all or nothing way resulting in the inability to measure behaviors and skills independent of each other (703.03).</li> <li>• The data was taken on 3 "opportunities" and instructions were given to run the program at every opportunity over a variety of places where the paraprofessional and participant may go (if there were 25 or 30 opportunities, it was unclear which were the 3 that resulted in the data collection to measure success). Data could reflect 1 out of 3 successes, but not the 20 other opportunities when the program was run.</li> </ul>	<p>include updated training on writing effective and measurable goals and objectives that would show defined success, opportunities for frequency of data collection, how to write plans that technicians can implement appropriately and clearly so data can be summarized appropriately, taking and imputing baseline information, and how to document duration of services within the objective writing, and how to implement and document the level of prompts provided to our participants in order to ensure appropriate and accurate data collection and summarization. This will be documented in the personnel files with a signature by the DS Case Manager indicating that they fully understand the information provided and must be incorporated into the plan.</p> <p>2) The CSR has been updated to reflect data collection when using prompting levels, the CSR format has been implemented since October 8, 2008. All CSR's will be transitioned to this format by 11/30/08. Status Reviews will reflect the data as appropriate.</p> <p>CONTINUED ON POC ADDENDUM</p>
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**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
<p>16.04.11.704.01.c</p> <p>704.PROGRAM DOCUMENTATION REQUIREMENTS. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-06)</p> <p>01. General Requirements for Program Documentation. For each participant the following program documentation is required: (7-1-06)</p> <p>c. A review of the data, and, when indicated, changes in the daily activities or specific implementation procedures by the qualified professional. The review must include the</p>	<p>Program Documentation (data/progress)</p> <p>FINDINGS: Based upon record review and interview with Administration, the agency is not in compliance. Agency documents lacked evidence as follows:</p> <ul style="list-style-type: none"> <li>• Programs for participant D (5B, 8A, 4A) and participant A (1A, 2A, 3A, 5A, 6A, 7A) met objective criteria; however no revisions were made (from Provider Status review).</li> </ul>	<p>Advocates for Inclusion makes a commitment to provide quality services and to adhere to IDAPA Code. In the case of the findings in regards to 16.04.11.704.01.c status reviews. As a matter of practice our agency reviews participant status monthly and semi annually. Recent changes in the data collection process will assist in making our reviews of the data more appropriate and specific, therefore indicating to the case manager when a goal or objective is no longer needed. Training will be provided to all case managers to address the issue of changing the plan goals and objectives when the data reflects that a change should be made. This training will be completed prior to 11/3/0/08.</p>

qualified professional's dated initials. (7-1-06)

CONTINUED ON POC ADDENDUM

**Scope and Severity:** Pattern / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:****Administrator Initials:****Rule Reference/Text**

16.04.11.705

705.RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-06)

**Category/Findings**

Participant Records

FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents lacked evidence as follows:

- There was no time and duration targeted for PIP's to be implemented so it was not possible to tell what programs were being run, in what environment, at what time, and for how long. (to assure quality services that meet participant needs).
- CSR's did not identify the time that services occurred. Credentials were missing on several documents for Participant #2.

**Plan of Correction (POC)**

Advocates for Inclusion makes a commitment to provide quality services and to adhere to IDAPA Code. In the case of the findings in regards to 16.04.11.705 plans and CSRs have been changed as of October 8, 2008 that will clearly document time and duration on PIPs.

All files will have a QA prior to 12/15/08 to ensure that AFI is fully compliant with this section. If changes are indicated they will be made as follows: for individuals that were in the sample, within 90 days; for all others, within 180 days, with the understanding that all necessary changes will be made by 2/28/09. This will be overseen by the appropriate Program Manager and QA Specialist, and ultimately by the Administrator. Additionally, an Internal Audit Policy that will be completed every February in an effort to ensure the highest quality of service delivery for our participants has been put into effect. These practices are in effect immediately, and will be overseen by the Program Managers and the QA department and will be directly overseen by the Administrator.

CONTINUED ON POC ADDENDUM

**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:****Administrator Initials:****Rule Reference/Text**

16.04.11.705.01.d

705.RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current and complete participant and administrative records. These records must be

**Category/Findings**

Participant Records

FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents lacked evidence as follows:

**Plan of Correction (POC)**

Advocates for Inclusion makes a commitment to provide quality services and to adhere to IDAPA Code in all areas. In the case of the findings in regards to 16.04.11.705.01.d it is acknowledged that there is confusion in the application of

maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-06)

01. General Records Requirements. Each participant record must contain the following information: (7-1-06)

d. Current profile sheet containing the identifying information about the participant, including residence and living arrangement, contact information, emergency contacts, physician, current medications, allergies, special dietary or medical needs, and any other information required to provide safe and effective care; (7-1-06)

Profile sheets are fragmented between 3 forms and none were complete. Missing items included medical needs and medication, living arrangement, physician and dietary needs.  
• For all Participants profile sheet did not contain living arrangement information, nor did it identify emergency contacts.

our Participant Profiles. Since AFI has been providing services for several years we have updated forms on a continual basis therefore the Participant Profiles have become a source of inconsistency. Additionally, Advocates for Inclusion also completed a Subbing Profile that can further add to the confusion.

Advocates will ensure that all files have one consistent format for a current Participant Profile. All files will be updated to reflect that one consistent format. This will be completed by the Quality Assurance department and the Program Managers as developed and overseen by the Administrator no later than December 15, 2008. At Advocates for Inclusion the living arrangements are included on the current Program Plan in order to ensure the most up to date reflection of current status.

**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.706.01.a	Collaboration/Consultation	
706.REQUIREMENTS FOR COLLABORATION WITH OTHER PROVIDERS. When participants are receiving rehabilitative or habilitative services from other providers, each DDA must coordinate each participant's DDA program with these providers to maximize skill acquisition and generalization of skills across environments, and to avoid duplication of services. The DDA must maintain documentation of this collaboration. This documentation includes other plans of	<p>FINDINGS: Based upon record review and interview with Administration, the agency is not in compliance. Agency documents lacked evidence as follows:</p> <ul style="list-style-type: none"> <li>Participant's # 1, 2,3,4,5,6, 12 files did not show evidence of having sent copies of IPP's to the school, nor did it show documentation to the school that the agency was providing services. Participant # 9 has documented speech delay</li> </ul>	<p>As a commitment to provide quality services that also incorporate best practices the Administrator and the administrative team, as of October 1, 2008, have thoroughly updated, and aligned with both IDAPA Code and all findings from the 2008 Audit Team, the following forms: AFI's Comprehensive Assessment Template, AFI's Individual Program Plan, AFI's Individual Implementation Plan, AFI's Program Plan Addendum, AFI's CSR Template, and the necessary QA forms to ensure that the appropriate forms are updated in the current files. With that alignment AFI place on the Program Plan a verification indicator that</p>

services such as the Individual Education Plan (IEP), Personal Care Services (PCS) plan, Residential Habilitation plan, and the Psychosocial Rehabilitation (PSR) plan. The participant's file must also reflect how these plans have been integrated into the DDA's plan of service for each participant. (7-1-06)

a. For participants who are children enrolled in school, the local school district is the lead agency as required under IDEA, Part B. DDAs must inform the child's home school district if they are serving the child during the hours that school is typically in session. The participant's record must contain an Individualized Education Plan (IEP), including any recommendations for Extended School Year, if there are any. The DDA must document that they have provided a current copy of the child's Individual Program Plan (IPP) to his school. The DDA may provide additional services beyond those that the school is obligated to provide during regular school hours. (7-1-06)

but no coordination of SLP services.

assists the Case Manager to document that they sent a copy of the IPP to the school as well as to collaborate with, and refer to, if needed.

In the case of the sending a copy of the IPP for Participants 1, 2, 3, 4, 5, 6, and 12 to the school, the files will be reviewed by the Case Manager. All copies of the IPP for those participants will be verified and documented in the file that an IPP was sent to the school. This will be completed by November 15, 2008 and overseen by the QA Specialist.

In the case of Participant 9, the files will be reviewed by the Case Manager and the guardian. If it is determined that a referral to the SLP needs, or does not need, to be made, it will be completed and documented in the file. This will be completed by November 15, 2008 and overseen by the Program Manager.

**Scope and Severity:** Pattern / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.711.02	Developmental Therapy	
711.DEVELOPMENTAL THERAPY. Developmental therapy services must be delivered by Developmental Specialists or paraprofessionals qualified in accordance with these rules, based on a comprehensive developmental assessment completed prior to	FINDINGS: Based upon record review and interview with Administration, the agency is not in compliance. Agency documents lacked evidence as follows:  • Participant B had programs that are not age	As a commitment to provide quality services that also incorporate best practices the Administrator and the administrative team, as of October 1, 2008, have established two different policy protocols that will ensure that therapy is delivered in an age appropriate manner. First, Advocates for Inclusion has taken the Medicaid observation form that auditor's use in their observations and have updated that

the delivery of developmental therapy. (7-1-06)  
 02. Age-Appropriate. Developmental therapy includes instruction in daily living skills the participant has not gained at the normal developmental stages in his life, or is not likely to develop without training or therapy. Developmental therapy must be age-appropriate. (7-1-06)

appropriate when they are run with children in a children's environment such as the swings at the park with the agency's child participants. It is not age-appropriate for children and adults to receive skills training together.

form to reflect AFI's specific needs. This form will be completed minimally one time a year for all clients, and two times a year for adult participants. The form will be filed in the QA section of the file. The QA DT Form has been updated to ensure that this observation form is completed as appropriate. The observation form is in depth and specifies age appropriate therapy, location and environment as it pertains to IDAPA Code, if necessary corrections are needed they will be identified and corrected immediately.

CONTINUED ON POC ADDENDUM

**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.801.01	Intensive Behavioral Intervention	BI Case Managers have received training, as of October 8, 2008, on how to write goals and objectives that are clearly measurable. Within that training implementation and data collection procedures on CSRs were also reviewed. Participant 12 the plan has been prior authorized. However, the IBI Provider will review the goals and objectives in order to align the goals, objectives, and updated data collection procedures, no later than November 27, 2008. This will be overseen by the appropriate Program Manager and ultimately by the Administrator.
804. IBI CONSULTATION. Professionals may provide IBI consultation to parents and other family members, professionals, paraprofessionals, school personnel, child care providers, or other caregivers who provide therapy or care for an IBI eligible child in other disciplines to assure successful integration and transition from IBI to other therapies, services, or types of care. IBI consultation objectives and methods of measurement must be developed in collaboration with the person receiving IBI consultation. (7-1-06) 01. Service Delivery Qualification. IBI consultation must be delivered by an IBI professional who meets the requirements in Section 420 of these rules. (7-1-06)	FINDINGS: Based upon record review and interview with Administrator, the agency is not in compliance. Agency documents lacked evidence as follows:  • Participant # 12 objectives are not written in a measurable format and in a fashion that is inconsistent with data taking methods.	All files will have a QA prior to 12/15/08 to ensure that AFI is fully compliant with this section of rule.  CONTINUED ON POC ADDENDUM

**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.915.04	Positive Social Skills	As a matter of continued practice all AFI providers and case managers are continually trained in positive behavioral intervention including behavioral replacement. This practice
915. POLICIES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND APPROPRIATE BEHAVIORS. Each DDA must develop and	FINDINGS: Based upon record review and interview with administration, the agency is not in compliance. Agency documents lacked	

Developmental Disabilities Agency		Advocates for Inclusion, Inc.		8/22/2008
implement written policies and procedures that address the development of participants' social skills and management of inappropriate behavior. These policies and procedures must include statements that: (7-1-06) 04. Behavior Replacement. Ensure that programs to assist participants with managing inappropriate behavior include teaching of alternative adaptive skills to replace the inappropriate behavior. (7-1-06)	evidence as follows:	is wide spread with many agency wide policies in place to ensure positive programming with appropriate replacement behavior in place. All providers are trained initially and again annually on positive behavioral intervention which includes replacement of behaviors. Participant D is no longer receiving services from Advocates for Inclusion due to his severe medical issues. He is currently living in a nursing home and his file has been closed.		
	* Goal 3A for participant D included an objective to "refrain from" without training a replacement behavior to promote skill acquisition.	CONTINUED ON POC ADDENDUM		
Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm		Date to be Corrected:		Administrator Initials:
Administrator Signature (confirms submission of POC):		Date: 10/31/08		
Team Leader Signature (signifies acceptance of POC):		Date: 10/31/08		

Advocates for Inclusion – Recertification 8/22/2008	
Rule Cited	Plan of Correction Addendum
16.04.11.520.04	<p>CONTINUED FROM SURVEY REPORT FORM</p> <p>3. Advocates for Inclusion has taken the Medicaid observation form that auditor's use in their observations and have updated that form to reflect AFI's specific needs. This form will be completed minimally one time a year for all clients, and two times a year for adult participants. The form will be filed in the QA section of the file. The QA DT Form has been updated to ensure that this observation form is completed as appropriate. The observation form is in depth and specifies location and environment as it pertains to IDAPA Code, if necessary corrections are needed they will be identified and corrected.</p> <p>In the case of both Participant 4 and A the Developmental Specialist (DS) will review the objectives and activity locations with the required assessments in order to align the goals, objectives, and environments, no later than November 15, 2008. This will be overseen by the appropriate Program Manager and ultimately by the Administrator.</p>
16.04.11.600.01.c	<p>CONTINUED FROM SURVEY REPORT FORM</p> <p>Additionally, a thorough review of all existing DT comprehensive assessments will be completed prior to 12/15/08, to ensure that AFI is in compliance with 16.04.11.600.01.c. in regards to the assessment guiding treatment, particularly with gross and fine motor goals in mind. A DT comprehensive assessment will be reviewed and documented as reviewed on the comprehensive assessment with a reviewed signature and/or initials by the state certified Developmental Specialist indicating that it was reviewed and the plan is in compliance. All comprehensive assessments will have a QA prior to 12/15/08 to ensure that AFI is fully compliant with this section of rule; if changes are indicated they will be made as follows: for individuals that were in the sample, within 90 days; for all others, within 180 days, with the understanding that all necessary changes will be made by 2/28/09. This will be overseen by the appropriate Program Manager and QA Specialist, and ultimately by the Administrator.</p> <p>Participant D is no longer receiving services from Advocates for Inclusion due to his severe medical issues. He is currently living in a nursing home and his file is closed.</p>
16.04.11.600.01.e	<p>CONTINUED FROM SURVEY REPORT FORM</p> <p>Additionally, a thorough review of all existing DT comprehensive assessments will be completed prior to 12/15/08, to ensure that AFI is in compliance with 16.04.11.600.01.e. A DT comprehensive assessment will be reviewed and documented as reviewed on the comprehensive assessment with a reviewed signature and/or initials by the state certified Developmental Specialist indicating that it was reviewed and the plan is in compliance. All comprehensive assessments will have a QA prior to 12/15/08 to ensure that AFI is fully</p>



Advocates for Inclusion – Recertification 8/22/2008	
Rule Cited	Plan of Correction Addendum
	<p>compliant with this section of rule; if changes are indicated they will be made as follows: for individuals that were in the sample, within 90 days; for all others, within 180 days, with the understanding that all necessary changes will be made by 2/28/09. This will be overseen by the appropriate Program Manager and QA Specialist, and ultimately by the Administrator.</p> <p>Participant 9 has an autism diagnosis and did have a psychological evaluation recommending therapy in the current file. This was submitted to the DHW in a previous fax, we are submitting it again on 10/24/08.</p> <p>Participant 12 receives prior authorized IBI services and consequently it is required that a psychological evaluation be on file for the participant and submitted to the DHW. In this case the evaluation had been placed in a thinned file and has since been provided to the DHW and has been placed in the current file as is appropriate and current AFI policy.</p> <p>In the case of Participants 14, 15, 16, 17, 18, 19, 20, and 21 the Social Worker that does the medical/social evaluations will review the above evaluations no later than November 30, 2008. The Social Worker will ensure that the evaluations do in fact recommend the amount of therapy necessary to address the participant's needs. This may mean that he will have to redo these assessments. The above items of correction will be overseen by the appropriate Program Manager and by the Administrator for verification. The new QA procedure of reviewing a file within the first 90 days of assignment will help to ensure that all professionals are complying with rule as appropriate. This will be overseen by the appropriate Program Manager, and ultimately by the Administrator.</p>
16.04.11.600.03	<p>CONTINUED FROM SURVEY REPORT FORM</p> <p>Additionally, a thorough review of all existing DT comprehensive assessments will be completed prior to 12/15/08, to ensure that AFI is in compliance with 16.04.11.600.03. A DT comprehensive assessment will be reviewed and documented as reviewed on the comprehensive assessment with a reviewed signature and/or initials by the state certified Developmental Specialist indicating that it was reviewed and the plan is in compliance. All comprehensive assessments will have a QA prior to 12/15/08 to ensure that AFI is fully compliant with this section of rule; if changes are indicated they will be made as follows: for individuals that were in the sample, within 90 days; for all others, within 180 days, with the understanding that all necessary changes will be made by 2/28/09. This will be overseen by the appropriate Program Manager and QA Specialist, and ultimately by the Administrator.</p> <p>In the case of Participants 14, 15, 16, 17, 18, 19, 20, and 21 the Social Worker that does the medical/social evaluations will review the evaluations no later than October 15, 2008 to ensure that the evaluations do in fact</p>

## Advocates for Inclusion – Recertification 8/22/2008

Rule Cited	Plan of Correction Addendum
	<p>have the appropriate date included. This may mean that he will have to redo these assessments if necessary. The above items of correction will be overseen by the appropriate Program Manager and by the Administrator for verification. The new QA procedure of reviewing a file within the first 90 days of assignment will help to ensure that all professionals are complying with rule as appropriate. This will be overseen by the appropriate Program Manager, and ultimately by the Administrator.</p>
16.04.11.601.01	<p style="text-align: center;">CONTINUED FROM SURVEY REPORT FORM</p> <p>Advocates for Inclusion has completed training on October 9, 2008, to remind and stress the importance for all Developmental Specialists that a Comprehensive Assessment must be completed prior to delivery of therapy in both initial and ongoing therapy. The Program Manager has secured signatures of all Developmental Specialists to confirm they fully understand this requirement. This document has been filed in their personnel folders. Additionally, the DT Program Manager has initiated a tracking system of all files to ensure that this does not occur again in the future.</p> <p>In the case of Participant 10 the Plan was approved on 2/25/08 and the Comprehensive Assessment was completed on 3/3/08. Over a three day period, approximately nine hours of services were provided between the Comprehensive Assessment and the Plan. This was an error on our part. Since AFI has provided services to this participant for several years we were obviously not as diligent as we should have been on the date requirements for completion of assessments. This problem has been corrected in order to prevent this from reoccurring in other situations. The Program Manager for the developmental program has implemented a tracking system for the DS Case Manager that ensures a more timely process in plan renewal is completed and documented. This provides more accountability for the Case Managers. The Program Manager oversees this over site and the QA Specialist supports the Program Manager. This has been in effect since September 19, 2008.</p>
16.04.11.601.03.a	<p style="text-align: center;">CONTINUED FROM SURVEY REPORT FORM</p> <p>Additionally, the program implementation plan template was also updated to state the following after every objective written, “The results of the psychosocial or psychiatric assessment was considered in this objective: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable”; this will solidify to our case managers that this is a priority issue to be considered when writing plans and conducting assessments. Program Managers randomly review Comprehensive Assessments to ensure that Case Managers are completing them as appropriate. Additionally, all files are QA’d at the initial plan within 90 days, and minimally annually thereafter. 100% of AFI’s Comprehensive Assessments developed on or after October 1, 2008, will be in the new format. A copy of this</p>

## Advocates for Inclusion – Recertification 8/22/2008

Rule Cited	Plan of Correction Addendum
	<p>format is being attached to this Plan of Correction. The new format requires Case Managers to make comment that the therapeutic methods were not contra-indicated or delivered in a manner that presents a risk to the participant's mental health status when the client is receiving behavior modifying drugs. Additionally, a thorough review of all existing DT comprehensive assessments will be completed prior to 12/15/08, to ensure that AFI is in compliance with in regards to the assessment guiding treatment, particularly with psychosocial assessments in mind. A DT comprehensive assessment will be reviewed and documented as reviewed on the comprehensive assessment with a reviewed signature and/or initials by the state certified Developmental Specialist indicating that it was reviewed and the plan is in compliance. All comprehensive assessments will have a QA prior to 12/15/08 to ensure that AFI is fully compliant with this section of rule; if changes are indicated they will be made as follows: for individuals that were in the sample, within 90 days; for all others, within 180 days, with the understanding that all necessary changes will be made by 2/28/09. This will be overseen by the appropriate Program Manager and QA Specialist, and ultimately by the Administrator.</p> <p>Participant D is no longer receiving services from Advocates for Inclusion due to his severe medical issues. He is currently living in a nursing home and his file has been closed.</p>
16.04.11.701.01.c	<p style="text-align: center;">CONTINUED FROM SURVEY REPORT FORM</p> <p>This will be overseen by the appropriate Program Manager and QA Specialist, and ultimately by the Administrator.</p> <p>In the case of Participant #1, the file indicated an IPP was dated on 7/26/07 and the Medical/Social was dated 5/19/08. Participant #1 has received services with our agency for over four years. The Medical/Social was updated to reflect new forms and thoroughness standards and did not have dates lined up. There was previous Medical/Social; the one reflected in the file was the most current.</p>
16.04.11.701.04	<p style="text-align: center;">CONTINUED FROM SURVEY REPORT FORM</p> <p>As of October 1, 2008 all forms are required to be used.</p> <p>In the case of the category finding for 16.04.11.701.04 the Program Plan and the Addendum templates have had the level of frequency replaced within the template. This had been removed based on a previous survey. We feel that our Program Plan is strengthen with the replaced frequency documentation. The changes to the Program Plan will be completed by the Case Manager, overseen by the appropriate Program Manager and ensured by the QA department and the Administrator, effective immediately.</p>

### Advocates for Inclusion – Recertification 8/22/2008

Rule Cited	Plan of Correction Addendum
	<p>Additionally, a thorough review of all existing Implementation Program Plans will be completed prior to 12/15/08, to ensure that AFI is in compliance with 16.04.11.701.04 in regards to frequency of therapy and duration of services. A reviewed signature and/or initials by the state certified Developmental Specialist indicating that the plan was reviewed and the plan is in compliance. If changes are indicated they will be made as follows: for individuals that were in the sample, within 90 days; for all others, within 180 days, with the understanding that all necessary changes will be made by 2/28/09. This will be overseen by the appropriate Program Manager and QA Specialist, and ultimately by the Administrator.</p>
16.04.11.703.02	<p>CONTINUED FROM SURVEY REPORT FORM</p> <p>All Case Managers will be required to review their files and ensure that baseline is documented and a hard copy in the file no later than November 15, 2008, for all current clients. This will include participants, B, C, A, 3, 4, 8, 9, 10, 11, 12, 18, and 20. This will be overseen by the Program Managers and the QA department and will be directly overseen by the Administrator. Lastly, an Internal Audit Policy that will be completed every February in an effort to ensure the highest quality of service delivery for our participants has been put into effect. These practices are in effect immediately, and will be overseen by the Program Managers and the QA department and directly will be directly overseen by the Administrator.</p>
16.04.11.703.03	<p>CONTINUED FROM SURVEY REPORT FORM</p> <p>If changes are indicated they will be made as follows: for individuals that were in the sample, within 90 days; for all others, within 180 days, with the understanding that all necessary changes will be made by 2/28/09. This will be overseen by the appropriate Program Manager and QA Specialist, and ultimately by the Administrator.</p> <p>Lastly, an Internal Audit Policy that will be completed every February in an effort to ensure the highest quality of service delivery for our participants has been put into effect. These practices are in effect immediately, and will be overseen by the Program Managers and the QA department and will be directly overseen by the Administrator.</p>
16.04.11.703.04	<p>CONTINUED FROM SURVEY REPORT FORM</p> <p>4) AFI has established an initial tracking and quality control system by the Program Manager to verify that all plan related activities are completed in a timely and appropriate manner. This system includes a plan of correction system for case managers that are delayed in their plan development.</p> <p>5) Lastly, an Internal Audit Policy that will be completed every February in an effort to ensure the highest quality of service delivery for our participants has been put into effect. These practices are in effect immediately, and will be overseen by the Program Managers and the QA department and will be directly overseen by the Administrator.</p>

## Advocates for Inclusion – Recertification 8/22/2008

Rule Cited	Plan of Correction Addendum
	<p>In the case of Participant 12 and 13 the prompting hierarchy will be addressed for each participant to ensure that it can be implemented appropriately if it is needed by the Case Manager no later than 12/15/08. This will be completed by the Case Manager and overseen by the Program Manager.</p> <p>All files will have a QA prior to 12/15/08 to ensure that AFI is fully compliant with this section. If changes are indicated they will be made as follows: for individuals that were in the sample, within 90 days; for all others, within 180 days, with the understanding that all necessary changes will be made by 2/28/09. This will be overseen by the appropriate Program Manager and QA Specialist, and ultimately by the Administrator.</p>
16.04.11.704.01.b	<p>CONTINUED FROM SURVEY REPORT FORM</p> <p>3) The Implementation Plan template has additionally been changed to provide more clarity for the Case Managers this is now in use for all plans written after October 8, 2008, this plan format takes out the prompting hierarchy and allows for case managers to individually design prompting and instruction.</p> <p>4) Case Managers have received training on how to summarize data and report that data on the status reviews based on AFI's changes in data collection. This training was done by October 15, 2008. On going training and support will be provided to ensure that data is being summarized appropriately.</p> <p>An Internal Audit Policy that will be completed every February in an effort to ensure the highest quality of service delivery for our participants has been put into effect. These practices are in effect immediately, and will be overseen by the Program Managers and the QA department and will be directly overseen by the Administrator.</p> <p>All files will have a QA prior to 12/15/08 to ensure that AFI is fully compliant with this section. If changes are indicated they will be made as follows: for individuals that were in the sample, within 90 days; for all others, within 180 days, with the understanding that all necessary changes will be made by 2/28/09. This will be overseen by the appropriate Program Manager and QA Specialist, and ultimately by the Administrator.</p>
16.04.11.704.01.c	<p>CONTINUED FROM SURVEY REPORT FORM</p> <p>Participant D is no longer receiving services from Advocates for Inclusion due to his severe medical issues. He is currently living in a nursing home and his file is closed. In the case of Participant A the specific implementation plan will be reviewed by the Case Manager and guardian. All revisions to the plan will be completed by November 15, 2008. This will be completed by the Case Manager and overseen by the Program Manager.</p>

Advocates for Inclusion – Recertification 8/22/2008	
Rule Cited	Plan of Correction Addendum
	<p>All files will have a QA prior to 12/15/08 to ensure that AFI is fully compliant with this section. If changes are indicated they will be made as follows: for individuals that were in the sample, within 90 days; for all others, within 180 days, with the understanding that all necessary changes will be made by 2/28/09. This will be overseen by the appropriate Program Manager and QA Specialist, and ultimately by the Administrator. An Internal Audit Policy that will be completed every February in an effort to ensure the highest quality of service delivery for our participants has been put into effect. These practices are in effect immediately, and will be overseen by the Program Managers and the QA department and will be directly overseen by the Administrator.</p>
16.04.11.705	<p>CONTINUED FROM SURVEY REPORT FORM</p> <p>In the case of Participant 2 the CSRs will be fully reviewed by the Case Manager. Issues surrounding time of provided services and credentials will be addressed and documented on the CSRs by November 15, 2008. This will be completed by the Case Manager and overseen by the Program Manager and QA Specialist.</p>
16.04.11.711.02	<p>CONTINUED FROM SURVEY REPORT FORM</p> <p>Second, The “Contact Narrative-DS Tech Trainer to Paraprofessional” form, completed and reviewed monthly, has been updated to ensure that environment for learning, including specific location, is trained on, and documented. This form is completed for every paraprofessional monthly and filed in their personnel file. It ensures that the DS Tech Trainer discusses all the necessary points to ensure quality of service delivery for paraprofessionals.</p> <p>AFI has also reviewed their training protocol, specifically in the area of age appropriate environments at the onset of hiring for all staff and in their on going training endeavors. This has been clearly outlined in order to ensure that it remains a priority training issue.</p> <p>In the case of Participant B the Developmental Specialist (DS) will review the objectives and activity locations with the required assessments in order to align the goals, objectives, and environments, no later than November 15, 2008. This will be overseen by the appropriate Program Manager and ultimately by the Administrator.</p>
16.04.11.801.01	<p>CONTINUED FROM SURVEY REPORT FORM</p> <p>If changes are indicated they will be made as follows: for individuals that were in the sample, within 90 days; for all others, within 180 days, with the understanding that all necessary changes will be made by 2/28/09. This will be overseen by the appropriate Program Manager and QA Specialist, and ultimately by the Administrator.</p>

Advocates for Inclusion – Recertification 8/22/2008	
Rule Cited	Plan of Correction Addendum
16.04.11.915.04	<p>CONTINUED FROM SURVEY REPORT FORM</p> <p>All files will have a QA prior to 12/15/08 to ensure that AFI is fully compliant with this section of rule. If changes are indicated they will be made as follows: for individuals that were in the sample, within 90 days; for all others, within 180 days, with the understanding that all necessary changes will be made by 2/28/09. This will be overseen by the appropriate Program Manager and QA Specialist, and ultimately by the Administrator.</p>